

Risk Management Review Committee Charter
QIC Approved September 21, 2020

Committee / Workgroup	Risk Management Review Committee
Statement of Purpose	<p>The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Risk Management Review Committee (RMRC) is to provide ongoing monitoring of serious incidents and allegations of abuse and neglect; and analysis of individual, provider and system level data to identify trends and patterns and make recommendations to promote health, safety and well-being of individuals. As a subcommittee of the DBHDS Quality Improvement Committee (QIC), the RMRC identifies and addresses risks of harm; ensures the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement.</p> <p>The RMRC has been established to improve quality of services and the safety of individuals with developmental disabilities (DD). Over time, the committee will be expanded to oversee services provided to individuals with mental health and substance use issues as well.</p>
Authorization/Scope of Authority	<p>This committee is authorized by the DBHDS Quality Improvement Committee (QIC) and is coordinated by the Division of Quality Assurance and Government Relations and the Office of Community Quality Improvement. The RMRC's overall risk management process enables DBHDS to identify, and prevent or substantially mitigate risks of harm. The RMRC reviews and analyzes related data collected from facilities and community service providers, including reports of serious incidents and allegations of abuse and neglect. The RMRC also reviews data and information related to DBHDS program activities, including licensing reviews, triage and review of serious incidents, and oversight of abuse/neglect allegations.</p> <p>The RMRC may also share data or findings with the Mortality Review Committee when significant patterns or trends are identified related to deaths.</p>
Charter Review	<p>The RMRC was established in December 2014. The charter will be reviewed and/or revised on an annual basis, or as needed, and submitted to the QIC for approval.</p>

DBHDS Quality Improvement Standards	<p>DBHDS is committed to a Culture of Quality that is characterized as:</p> <ul style="list-style-type: none"> • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement initiatives (QII) as indicated
Model for Quality Improvement	<p>Determine the:</p> <ul style="list-style-type: none"> • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement? • Change: What change can we make that will result in improvement? <p>Implement the Plan/Do/Study/Act Cycle:</p> <ul style="list-style-type: none"> • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented.
Structure of Committee / Workgroup:	
Membership	<p>RMRC is an internal inter-disciplinary team comprised of the following DBHDS employees with clinical training and experience in the areas of behavioral health, intellectual disabilities/developmental disabilities, leadership, forensics, medical, quality improvement, behavior analysis and data analytics:</p> <p>Voting Members:</p> <ul style="list-style-type: none"> • Assistant Commissioner of Quality Assurance and Government Relations • Director, Community Quality Improvement, or designee • Director, Provider Development, or designee • Director, Office of Human Rights, or designee • Director, Office of Integrated Health. or designee • Incident Manager, Office of Licensing, or designee • Investigations Manager, Office of Licensing, or designee • Representative, Data Quality and Visualization • Settlement Agreement Director, or designee • Risk Manager, Training Center or designee

	<ul style="list-style-type: none"> • Office of Licensing Quality Improvement position <p>Advisory Members:</p> <ul style="list-style-type: none"> • Deputy Commissioner of Quality Assurance and Government Relations • QI/QM Coordinator • Advisory consultants as needed/required
Meeting Frequency	The RMRC meets at least ten times a year with a quorum present; additional meetings may be scheduled as determined by the urgency of issues. Additional workgroups may be established as needed.
Quorum	A quorum is defined as 50% plus one of the approving members.
Leadership and Responsibilities	<p>The Assistant Commissioner of Quality Assurance and Government Relations or designee chairs the RMRC.</p> <p>The standard operating procedures include:</p> <ul style="list-style-type: none"> • Develop, update and review annually the committee charter • Meet regularly to ensure continuity of purpose • Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function • Analyze data to identify and respond to trends to ensure continuous quality improvement • Recommend quality improvement initiatives which are consistent with Plan, Do, Study, Act model <p>The RMRC will:</p> <ul style="list-style-type: none"> • Develop an incident management process that is responsible for review and follow-up of all reported serious incidents including protocols that identify a triage process, a follow-up and coordination process with licensing specialists and investigators, human rights advocates and referrals to other DBHDS offices as appropriate and documentation of trends, patterns and follow-up on individual incidents • Provide oversight for a look behind review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process. The reviews evaluate whether: <ul style="list-style-type: none"> i. The incident was triaged by the Office of Licensing incident management team appropriately according to developed protocols; ii. The provider's documented response ensured recipient's safety and well-being; iii. Appropriate follow-up from the Office of Licensing incident management team occurred when necessary; iv. Timely, appropriate, corrective action plans are implemented by the provider when indicated.

	<ul style="list-style-type: none"> v. The RMRC will review trends quarterly, recommend changes to processes, protocols, or quality improvement initiatives when necessary and track implementation of any changes or quality initiatives approved for implementation • Provide oversight of a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review evaluates whether: <ul style="list-style-type: none"> i. Comprehensive and non-partial investigations of individual incidents occur within state prescribed timelines; ii. The person conducting the investigation has been trained to conduct investigations; iii. Timely, appropriate, corrective action plans are implemented by the provider when indicated. iv. Trends will be reviewed at least quarterly; the RMRC will recommend quality improvement initiatives (QIIs) when necessary and track implementation of initiatives approved for implementation. v. The RMRC will review trends quarterly, recommend changes to processes, protocols, or quality improvement initiatives when necessary and track implementation of any changes or quality initiatives approved for implementation. • Systematically review and analyze data related to serious incident reports (SIR), deaths, human rights allegations of abuse, neglect and exploitation, findings from licensing inspections and investigations, and other related data • Review, analyze and identify trends related to DBHDS facility risk management programs to reduce or eliminate risks of harm • Review details of individual serious incident reports when indicated • Review the results of Quality Service Reviews (QSR) as it relates to identified risks of harm, including appropriate provider response to risks, address risk triggers and thresholds and use findings to inform providers of recommendations as well as use systemic level findings to update guidance that is then disseminated • Utilize the findings from review activities to develop, or recommend, the development of guidance, training, or educational resources to address areas of risk prevalent within the DBHDS service population • Ensure the annual review of such guidance, training, or educational resources; and update as necessary • Review publications yearly and revise as necessary to ensure current guidance is sufficient and is included in each alert • Use data and information from risk management activities to identify topics for future content as well as determine when existing content needs revision • Report findings, conclusions, and recommendations to the QIC semi-annually, or more frequently when significant, or unusual patterns or trends are identified • Reviews and identifies trends from aggregated incident data, including allegations of abuse, neglect, and exploitation, at least four times per year by various levels such as by region, by Community Services Board (CSB), by provider locations, by individual, or by levels and types of incidents
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	<ul style="list-style-type: none"> • Monitor aggregate data of provider compliance with serious incident reporting requirements and establishes targets for performance measurement indicators. When targets are not met the RMRC determines whether quality improvement initiatives are needed, and if so, monitors implementation and outcomes • Monitor the effective implementation of DI 401 (Risk and Liability Management) by reviewing facility data and trends, including risk triggers and thresholds to address risks of harm • Utilize data analysis to identify areas for improvement and monitor trends. The RMRC identifies priorities and determines quality improvement initiatives as needed, including identified strategies and metrics to monitor success, or refers these areas to the QIC for consideration for targeted quality improvement efforts. • Establish performance measure indicators (PMIs) that align with the eight domains • Monitor progress towards achievement of identified performance measure indicators (PMIs) and for PMIs falling below target, determine actions that are designed to raise the performance • Assess PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices • Utilize approved system for tracking PMIs, and the efficacy of preventative, corrective and improvement measures • Develop and implement preventative, corrective, and improvement measures where PMIs indicate health and safety concerns • Recommend at least one QII per year designed to mitigate risks, and foster a culture of safety in service delivery based on data analysis • Implement approved QIIs within 90 days of the date of approval and report regularly to the QIC regarding the status of the QII • Monitor progress of QIIs and address concerns/barriers as needed • Evaluate the effectiveness of the QII for its intended purpose • Report to DBHDS QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs <p><u>Membership Responsibilities:</u></p> <p>Voting members:</p> <ul style="list-style-type: none"> • Have decision making capability and voting status • Review data and reports for meeting discussion • A quorum of members shall approve all recommendations presented to the QIC
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	<ul style="list-style-type: none"> Members may designate an individual (designee) to attend on their behalf when they are unable to attend. The designee shall have decision-making capability and voting status. The designee should come prepared for the meeting. <p>Advisory members:</p> <ul style="list-style-type: none"> Perform in an advisory role for the RMRC whose various perspectives provide insight on RMRC activities, performance outcomes, and recommended actions Inform the committee by identifying issues and concerns to assist the RMRC in developing and prioritizing meaningful QI initiatives Support the RMRC in performing its functions <p>Definitions: The following standard definitions as referenced in Part I of the Quality Improvement Plan (Program Description) are established for all quality committees:</p> <ul style="list-style-type: none"> Committee - Subject areas with expertise and accountability Sub-committee - QIC is the overseeing quality committee and all other quality committees report into the QIC as sub-committees. <ul style="list-style-type: none"> Steering Committee - An advisory committee that provides direction, decides on priorities or order of business, and manages the general course of operations and reports to the QIC. Workgroup – Appointed by a quality committee or agency senior leader for a specific purpose or to achieve an outcome for a focused scope of work. Reports progress to and makes recommendations for a specific quality committee who is responsible for oversight Council – Members are nominated by other council members and DBHDS Committee Chair - Responsible for ensuring the committee performs its functions, the quality plan activities and core monitoring metrics Key Performance Area – DBHDS’ three defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well Being, Community Inclusion and Integration, and Provider Competency and Capacity. Performance Measure Indicators (PMIs) – Include both outcome and output measures established by DBHDS and reviewed by the DBHDS QIC. Outcome measures focus on what individuals receive as a result of the services and supports they receive. Output measures focus on what the system provides or the products it uses. The PMIs allow for tracking the efficacy of preventative, corrective, and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies, recommends and prioritizes quality improvement initiatives to address identified issues for QIC review and approval.
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